

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                     |                                                                                                              |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>DECLARATION<br/>AND<br/>POWER OF ATTORNEY<br/>FOR UTILITY OR DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b><br><br><input type="checkbox"/> Declaration Submitted with<br>Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after<br>Initial Filing (Surcharge<br>(37 CFR 1.16(e)) required)<br>OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Attorney Docket Number | MCP-5014 NP                         |                                                                                                              |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | First Named Inventor   | David Wynn et al.                   |                                                                                                              |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | COMPLETE IF KNOWN      |                                     |                                                                                                              |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Application Number     |                                     |                                                                                                              |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Filing Date            | June 27, 2003                       |                                                                                                              |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Group Art Unit         |                                     |                                                                                                              |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Examiner Name          |                                     |                                                                                                              |                                                                                                              |
| <b>As a below named inventor, I hereby declare that:</b><br><br>My residence, mailing address, and citizenship are as stated below next to my name.<br>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:<br><br>SOFT TABLET CONTAINING HIGH MOLECULAR WEIGHT CELLULOSES<br>(Title of the Invention)<br><br>the specification of which<br><br><input type="checkbox"/> is attached hereto<br><br>OR<br><br><input checked="" type="checkbox"/> is identified by Attorney Docket Number MCP-5014 NP, which appeared on the specification as filed on 27 June 2003<br><br>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.<br><br>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.<br><br>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. |                        |                                     |                                                                                                              |                                                                                                              |
| Prior Foreign<br>Application<br>Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Country                | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed                                                                                      | Certified Copy<br>Attached?<br>YES      NO                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| <input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                     |                                                                                                              |                                                                                                              |

### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |                                                                                                                                                  |
|-----------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                          | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status |
|------------------------|-------------|--------|
|                        |             |        |

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer  
Number Bar Code  
Label Here

AND

☐ Practitioner(s) named below:  
Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Michele G. Mangini at telephone number (732) 524-2810.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                               |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------|---------------------------|
| <b>NAME OF SOLE OR FIRST INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                           |
| <b>Given Name</b><br>(first and middle [if any]) David                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | <b>Family Name</b><br>or Surname WYNN                                         |                           |
| <b>Inventor's</b><br><b>Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | <b>Date</b>                                                                   |                           |
| <b>Residence: City</b> Abington                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>State</b> PA | <b>Country</b> U.S.A.                                                         | <b>Citizenship</b> U.S.A. |
| <b>Mailing Address</b> 1267 Huntingdon Road                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                               |                           |
| <b>City</b> Abington                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>State</b> PA | <b>ZIP</b> 19001                                                              | <b>Country</b> U.S.A.     |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                 |                                                                               |                           |
| <b>NAME OF SECOND INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                           |
| <b>Given Name</b><br>(first and middle [if any]) Nick                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | <b>Family Name</b><br>or Surname PARIKH                                       |                           |
| <b>Inventor's</b><br><b>Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | <b>Date</b>                                                                   |                           |
| <b>Residence: City</b> Long Valley                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>State</b> NJ | <b>Country</b> U.S.A.                                                         | <b>Citizenship</b> U.S.A. |
| <b>Mailing Address</b> 14 Sycamore Lane                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                               |                           |
| <b>City</b> Long Valley                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>State</b> NJ | <b>ZIP</b> 07853                                                              | <b>Country</b> U.S.A.     |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                 |                                                                               |                           |
| <b>NAME OF THIRD INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                           |
| <b>Given Name</b><br>(first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | <b>Family Name</b><br>or Surname                                              |                           |
| <b>Inventor's</b><br><b>Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | <b>Date</b>                                                                   |                           |
| <b>Residence: City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>State</b>    | <b>Country</b>                                                                | <b>Citizenship</b>        |
| <b>Mailing Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                               |                           |
| <b>City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>State</b>    | <b>ZIP</b>                                                                    | <b>Country</b>            |